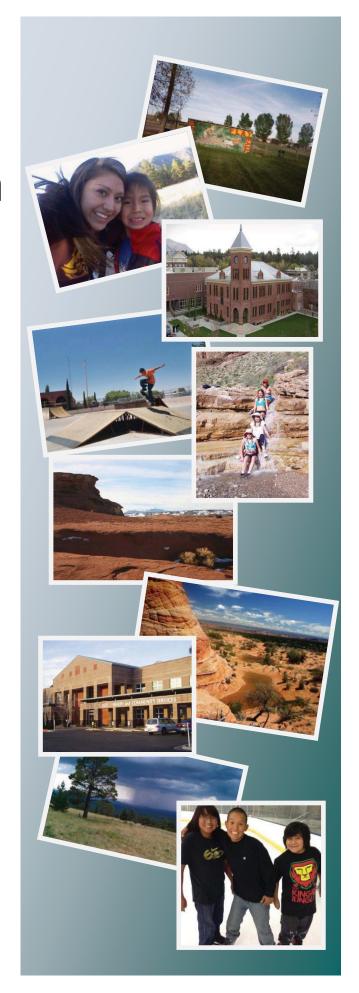
Coconino County Community Health Assessment





EXECUTIVE SUMMARY

The Coconino County Public Health Services District (CCPHSD) conducted a Community Health Assessment in the summer of 2012 as part of an ongoing strategic planning process using best practices in the field; this report showcases a community-based approach and acts as a milepost on the road to accreditation with the Public Health Accreditation Board. Quantitative data at the county and community level were collected, where available. Qualitative data was collected via online surveys, mail in surveys, and eight community focus groups.

The finalized report suggests three main health themes that deserve further attention: access to health care, obesity as a chronic disease, and unintentional injury with a strong correlate to alcohol abuse. Poverty also rated highly as a barrier to health, though CCPHSD is not in a position to directly address economic disparity. It is the Health District's hope that these findings galvanize community action to mitigate the economic conditions impacting our resident's health.

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INTRODUCTION

Why a community health assessment?

The Coconino County Public Health Services District (CCPHSD) is pleased to release this community health assessment, which provides the most current data on the county's health assets, demographics, leading causes of death and illness, and residents' perspectives on their health. This assessment is intended to provide a platform for community-wide health improvement collaborations, and to serve as a resource for policies, budgets and programs.

Community Health Assessments also provide critical information to the Public Health Services District, which is responsible for creating healthy conditions where people live, work, study, play and worship. Therefore, in addition to collecting statistics on health resources and conditions, this assessment also considers environmental, economic and educational factors that influence the population's health.

Why now?

CCPHSD's last community health planning process culminated with the release of the *Healthy Coconino* 2012 plan in 2007. In accordance with an established best practice of conducting this process every five years, this next community health assessment is being completed five years later.

CCPHSD has also decided to ensure that all of their work is aligned with the standards required by the newly-launched Public Health Accreditation Board, recognized as a collection of best practices in public health. CCPHSD was selected as one of only nineteen local health departments across the country to serve as a beta test site for this national, voluntary program. One year after the beta test, the County is now in the process of strategic planning toward that goal.

How was this developed?

Several sources were used to provide information on health and health-related conditions and factors in Coconino County. Both state and national databases, in addition to county agencies, proved to be very valuable resources for county level data. Community-specific data were included as available. Also as available, comparisons are made both to the state of Arizona and to the United States, in addition to national benchmarks from the nation's *Healthy People 2020* goals and the nationwide *County Health Rankings* report. Finally, community input was obtained through a web-based survey, a mailed survey, and focus groups.

What's next?

CCPHSD is sharing this report with community members and community leaders throughout our county. We will be seeking feedback about the priorities that we have identified, and will work in partnership with the community to develop action plans that will address the greatest health needs and move us ever-forward in our journey to optimal health.

ABOUT COCONINO COUNTY

Situated in Northern Arizona, Coconino County is home to spectacular landscapes, and visitors from around the world are drawn to the region's natural beauty and cultural diversity. Attractions include Grand Canyon National Park, Oak Creek Canyon, Sunset Crater National Monument, Lake Powell, and several Indian Nations. The region is rich with a diversity of landscape and culture, making it a unique and exciting place to live.

With 18,608 square miles and 11,886,720 acres of land, Coconino County is the largest county in Arizona and the second largest county in the United States. Roughly half of the land is public property, and 38% belongs to Indian reservations that are home to Navajo, Hopi, Paiute, Hualapai, and Havasupai tribes. Of the 12% of land that is privately owned, three-fourths of it is in large ranches held by about ten owners.

Population centers include Flagstaff, Fredonia, Page, Tuba City, Tusayan, and Williams, with populations ranging from 558 in Tusayan to 65,870 in Flagstaff. The remaining area is arid land dotted with isolated communities. Major employers are 1) government, 2) the leisure and hospitality industry, and 3) trade, transportation and utilities.

The County's sheer magnitude, coupled with its geographic and economic diversity, makes it important to consider community-specific issues when planning and implementing health improvement plans. The urban-rural nature of the county has its challenges: aggregated county-wide data may skew results toward larger population centers and mask conditions for rural areas. That said, oftentimes only countywide data are available. Accordingly, this community health assessment describes the county as whole for the majority of indicators, with community-specific data included to the extent possible.



WHO WE ARE

Demographics

As of 2010, the total population in Coconino County was 134,421, marking a 15.6% increase since 2000. The population is evenly split between males and females, and is relatively young, with only eight percent of the population being 65 years or older (Figure 1).

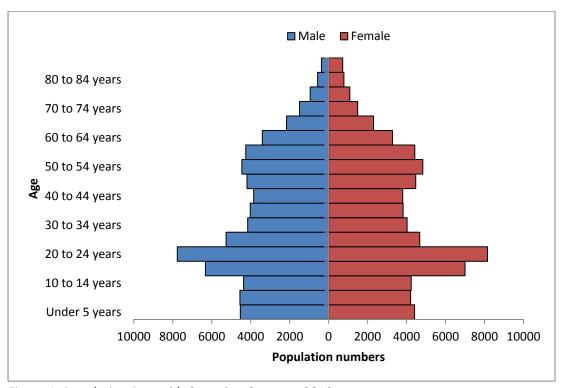


Figure 1: Population Pyramid, Coconino County – 2010

While the majority of residents are Caucasian, 27% of residents belong to Navajo, Hopi, Paiute, Hualapai, or Havasupai tribes (Figure 2). There is some language diversity in the county; English is the predominant language spoken at home, with the collective group of Native Languages and Spanish the second and third most common (Figure 3).

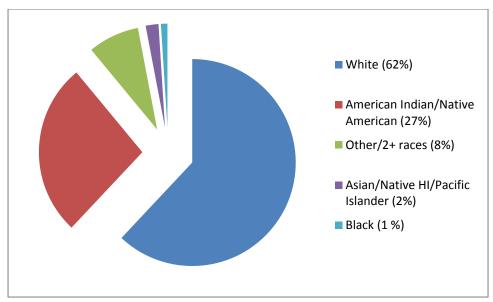


Figure 2: Population in Coconino County by Race – 2010

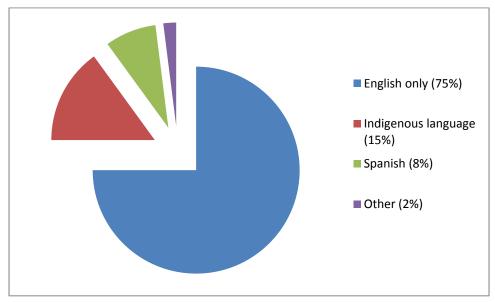


Figure 3: Language Spoken at Home in Coconino County - 2010

Education

Coconino County has eight public school districts, in addition to three public institutes of higher learning: Northern Arizona University, with a main campus in Flagstaff and various satellite campuses and other facilities throughout the county; Coconino Community College, also with several campuses; and Diné Community College, located in Tuba City. Educational attainment in the County is higher than the state's average with respect to adults that have graduated from high school and the highest in the state with respect to adults with an advanced degree (Figure 4).

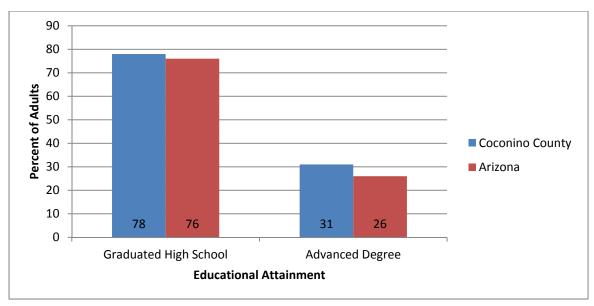


Figure 4: Educational Attainment of Adults in Coconino County – 2010

The school drop-out rate for students in grades 7-12 has consistently exceeded the state's average for the past five years (Figure 5).

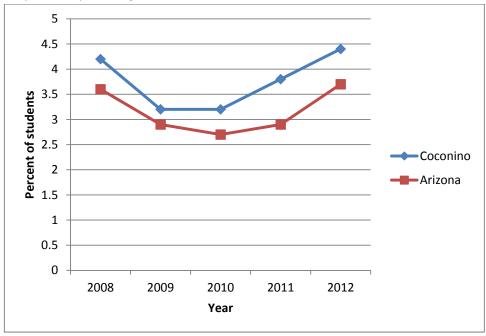


Figure 5: School Drop-Out Rates in Coconino County, Grades 7-12

Income and Employment

Generally speaking, Coconino County is slightly better off than its state and national counterparts with respect to income and levels of employment. In 2009, the median household income in Coconino County was slightly higher than the state average, and per capita income was slightly better than the US counties' average (Figure 6). Moreover, Coconino County generally has fared better than the state and the country over the past five years with respect to unemployment (Figure 7).

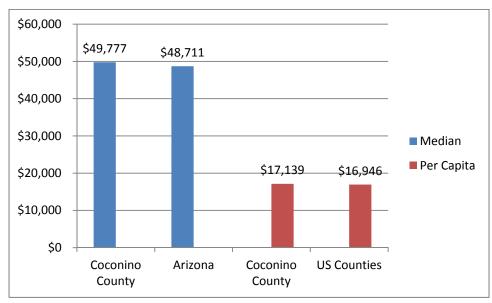


Figure 6: Median and Per Capita Income - 2009

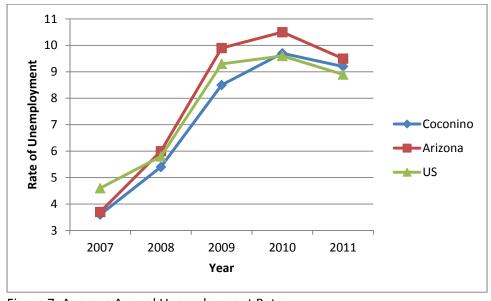


Figure 7: Average Annual Unemployment Rates

HEALTH RESOURCES

A number of health care services are available in Flagstaff, including the Flagstaff Medical Center, with a variety of private clinics, several federally-qualified health centers and other hospitals located throughout the county. Overall, Coconino's ratio of primary care physicians to population is the best in Arizona, and is not too far below the national benchmark (Figure 8).

Location	Ratio
Coconino	778:1
Arizona	1118:1
US Benchmark	631:1

Figure 8: Population to Primary Care Physician Ratios - 2011

Unfortunately, some areas of the county are underserved, as illustrated by several designations:

- Federal designation of "Primary Care Health Professional Shortage Area" applies to the eastern half of the county (Flagstaff and the Navajo reservation are excluded)
- Arizona designation of "Medically Underserved Area" applies to all but the southeast quadrant of the county, with the northern half of the county being the most underserved
- A "Dental Health Professional Shortage Area" applies to the eastern part of the county, excluding Page, with three dental clinics.

A lack of adequate health insurance coverage has plagued the country for decades. In Coconino County, the percent of both adults and children with health insurance decreased from 2009 – 2010 (Figures 9 and 10), possibly due to job changes resulting in a loss of benefits. The percent of all people who have health insurance is anticipated to increase when the Affordable Care Act is fully enacted.

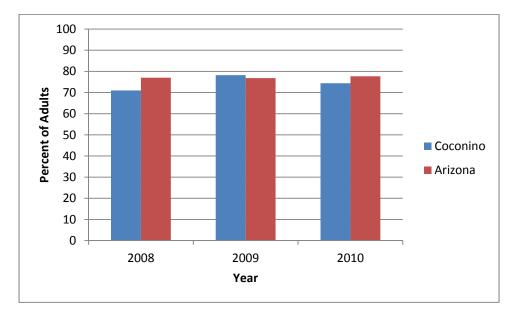


Figure 9: Percent of Adults with Health Insurance

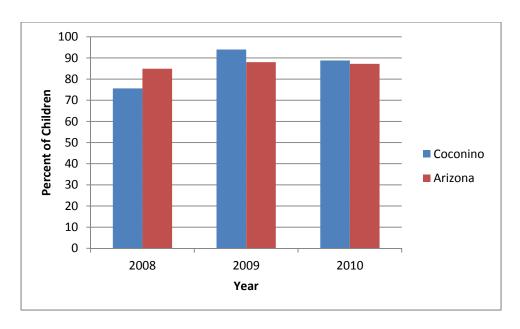


Figure 10: Percent of Children with Health Insurance

LEADING CAUSES OF DEATH

Overall Death Rates

The Good News:

• Coconino County fares better than the US average for six out of ten leading causes of death (Figure 11), and also has a lower overall mortality rate (Figure 12).

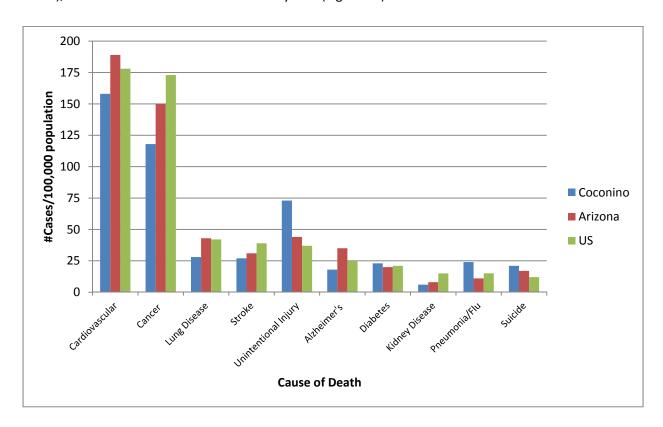


Figure 11: Age-Adjusted Mortality Rates for the Top Ten Leading Causes of Death - 2010

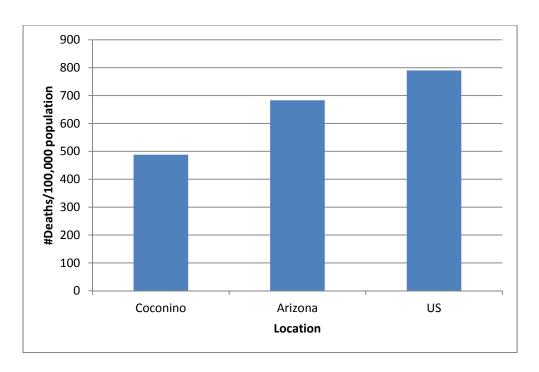


Figure 12: Mortality Rates – 2010

Areas of Concern:

- Of the top 15 causes of death in the County, Coconino's mortality rates for eight of them exceed those of the state (with one minor exception) and the country (Figure 13).
- In Arizona, American Indian/Alaska Natives have disproportionately high mortality rates due to unintentional injury, diabetes and liver disease (Figure 14).
- The life expectancy in Coconino County is lower than that of the state and the nation (Figure 15).
- In 2010, unintentional injuries were the only cause of death to affect individuals of all ages (Figure 16).

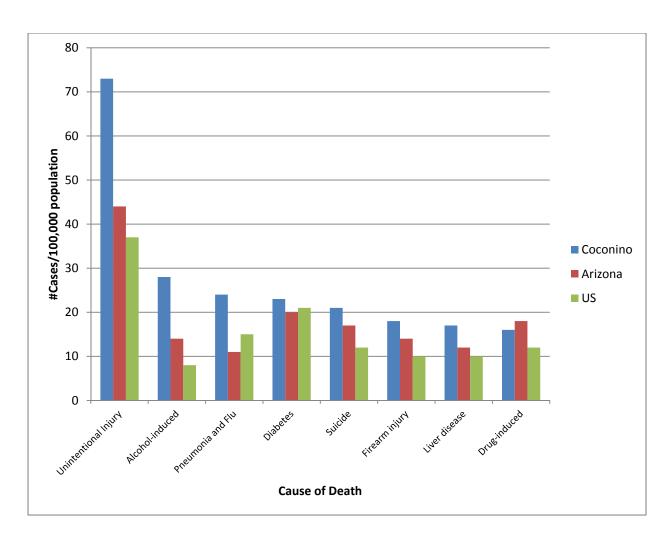


Figure 13: Age Adjusted Mortality Rates for Selected Causes of Death - 2010

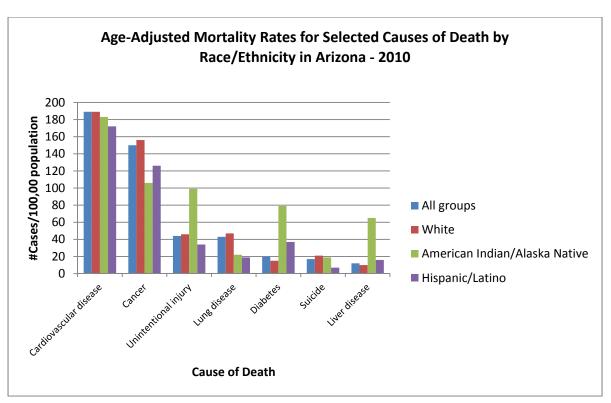


Figure 14: Age-Adjusted Mortality Rates for Selected Causes of Death by Race/Ethnicity in Arizona - 2010

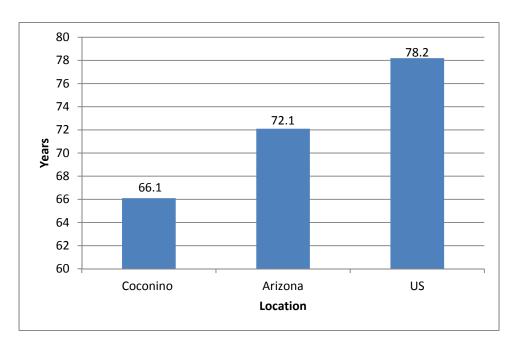


Figure 15: Life Expectancy – 2010

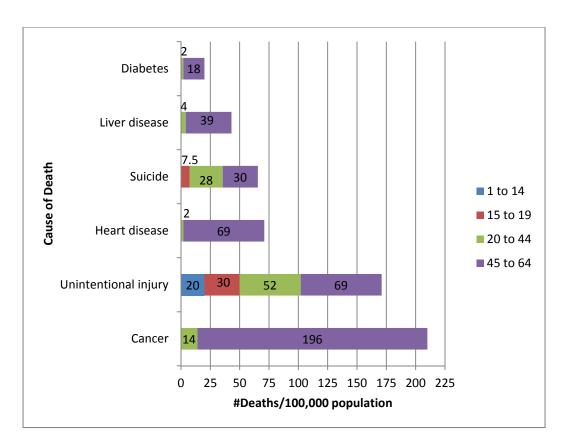


Figure 16: Mortality Rates for Leading Causes of Death in Coconino County for Persons Aged 1 to 64 – 2010

Incidence of Cancer

The Good News:

• Overall, there is a lower incidence of cancer in Coconino County relative to Arizona and to the US. The 4 most common types of cancer in the County mirror state and national trends (Figure 17).

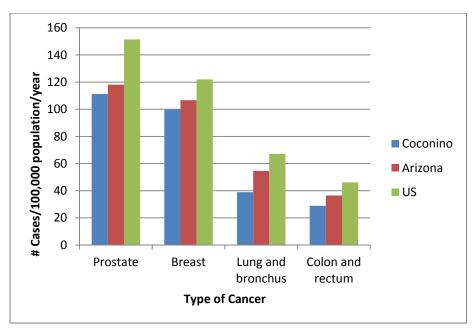


Figure 17: Incidence Rates of the Nation's Four Leading Types of Cancer – 2005 to 2009

Area of Concern:

• Melanoma and thyroid cancers are the 5th and 6th most prevalent types of cancer in the County, respectively. By comparison, melanoma ranks as the 7th most prevalent type of cancer in the state and the country, and thyroid cancer ranks as the 11th most prevalent in the state and 13th most prevalent in the nation. (Figure 18)

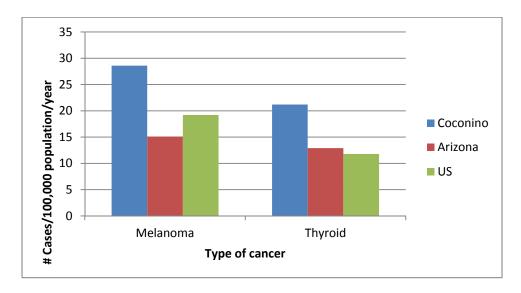


Figure 18: Incidence Rates of Melanoma and Thyroid Cancers – 2005 to 2009

Pregnancies and Birth

- The county's rates are lower than state averages with respect to teen pregnancies (Figure 19), and the number of mothers who receive prenatal care in the first trimester and have 12 or more years of education (Figure 20).
- While the overall teen birth in the county is well below the national average, the rates are significantly higher among the Hopi Nation and Havasupai tribe, and somewhat above the county average in the rural and eastern parts of Flagstaff, the Navajo Nation, and Williams Figure 21).
- For the first time in five years, the infant mortality rate exceeded that of the state and national rates in 2010 (Figure 22). The Coconino County Child Fatality Review Team has since identified a trend in unsafe sleeping practices and implemented several interventions to address this issue.
- Although the overall county rate for low birth weights is better than the Healthy People 2020 goal of 7.8%, the rates are significantly higher among Hispanic/Latino, Black/African American, and non-Hispanic White populations comprising 57% of all births (Figure 23).

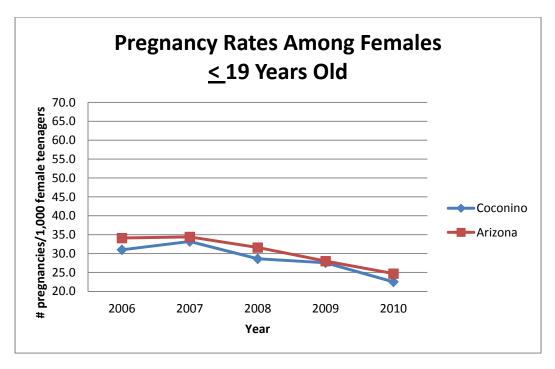


Figure 19: Pregnancy Rates Among Females ≤ 19 Years Old

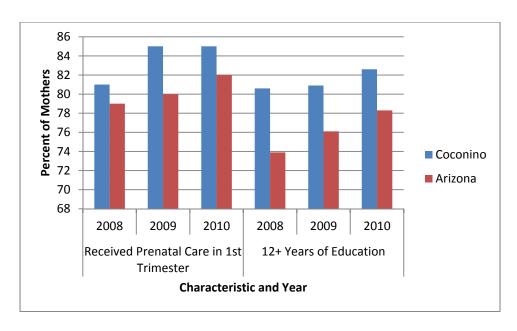


Figure 20: Percent of Mothers of Newborns with Select Characteristics

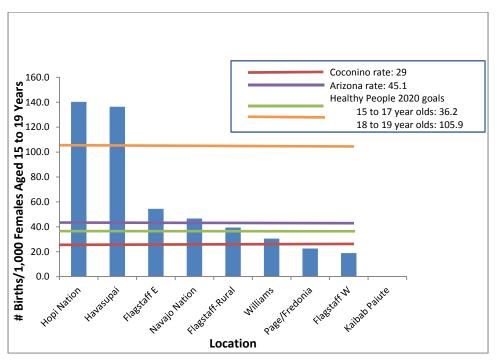


Figure 21: Rate of Births to Females Aged 15 to 19 Years in Coconino County - 2010

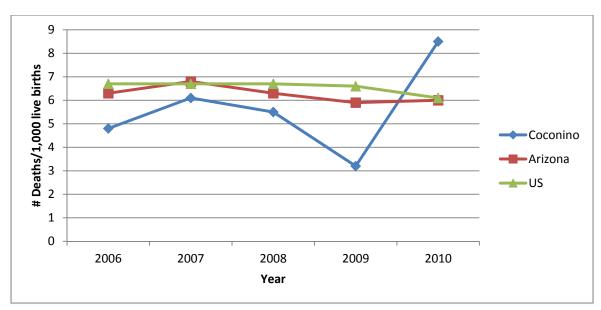


Figure 22: Infant Mortality Rates

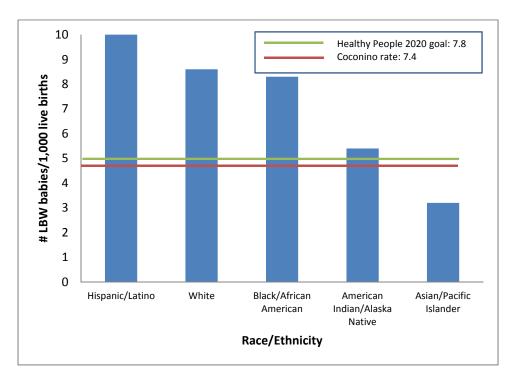


Figure 23: Rate of Low Birth Weight Babies in Coconino County by Race/Ethnicity – 2010

ILLNESS

The Good News:

- Rates of syphilis, gonorrhea and varicella steadily decreased for the most recent four years that data are available (figure 24).
- The rate of pertussis remains quite low, despite the substantial nationwide increase (Figure 25).

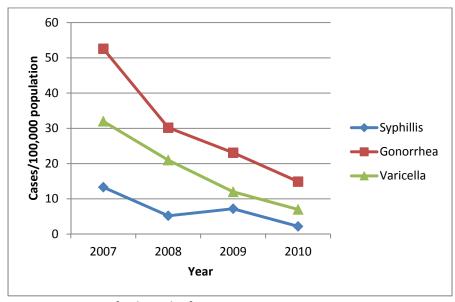


Figure 24: Rates of Selected Infectious Diseases in Coconino County

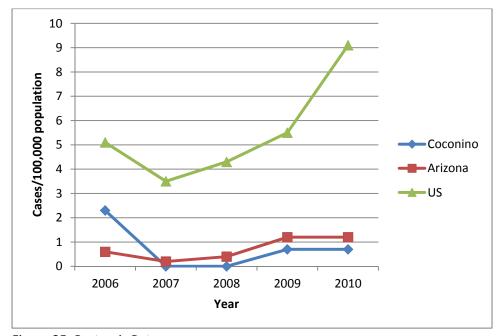


Figure 25: Pertussis Rates

Areas of Concern:

- In contrast to the progressive decrease at the national level since 2003, the County's incidence rate of tuberculosis has been steadily increasing since 2008 (Figure 26).
- The County's incidence of chlamydia is increasing more rapidly than that of the state and the nation (Figure 27).

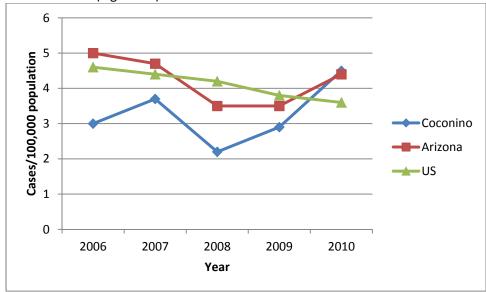


Figure 26: Tuberculosis Rates

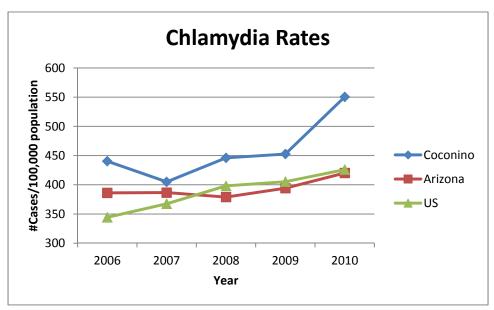


Figure 27: Chlamydia Rates

ORAL HEALTH

Untreated tooth decay among children in Arizona exceeds the national average (Figure 28), and falls short of the Healthy People 2020 goals (21% for 2-4 year olds and 26% for 6-9 year olds).

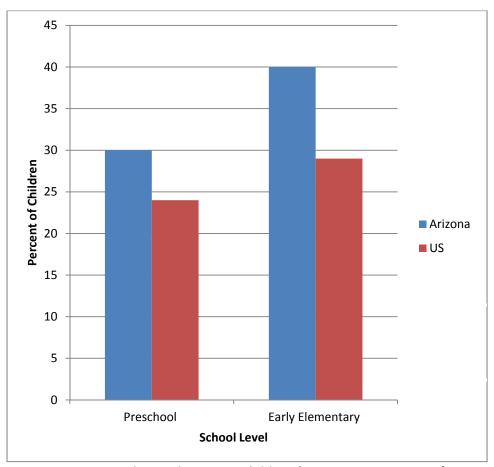


Figure 28: Untreated Dental Decay in Children (various points in time from 2005 to 2010)

In Arizona, disparities in oral health have been shown to be associated with certain characteristics:

- Low-income household
- Race/ethnicity
 - o Hispanic
 - o Asian
 - o American Indian
- Children who come from families where parents/guardians have a high school education or less (they are significantly more likely to have untreated tooth decay (42%) than children who come from families with parents/guardians who have more than a high school education (24%))
- Students on or qualified for free or reduced-price lunch programs (in general, schools with 35 percent or less of students qualified for these lunch programs have better oral health than peers in schools with 75 percent or more qualified students).

In Coconino County, there are a substantial percentage of children who qualify for free or reduced-price lunch, live in a low income household, and are Native American/Alaska Native; these children have the highest risk of oral health problems (figure 29).

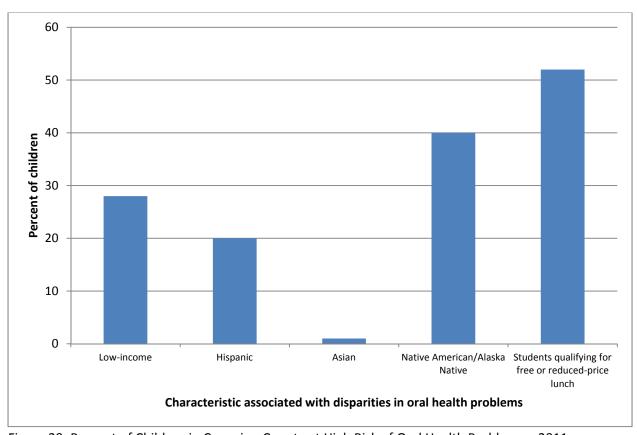


Figure 29: Percent of Children in Coconino County at High Risk of Oral Health Problems – 2011

Health Behaviors

- Teen substance use decreased for the most part from 2008 2010, and with the exception of alcohol, the rates are equal to or less than the Healthy People 2020 goals (Figure 30).
- With 15% of adult smokers, the county slightly exceeds the national benchmark of 12%. Adult smoking is about at the national benchmark levels.
- Excessive drinking among adults in Coconino County (15%) is almost twice as high as the national benchmark (8%).
- Although adult obesity is about at the national benchmark level, it is on the rise (Figure 31).
- With the exception of marijuana, teen substance use decreased from 2008 2010; however, with the exception of methamphetamines, teen substance use exceeds the Healthy People 2020 goals (Figure 32).

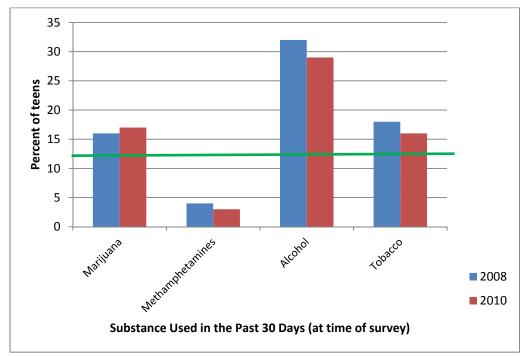


Figure 30: Percent of Teen Substance Use in Coconino County (Green Line marks the Healthy People 2020 goal)

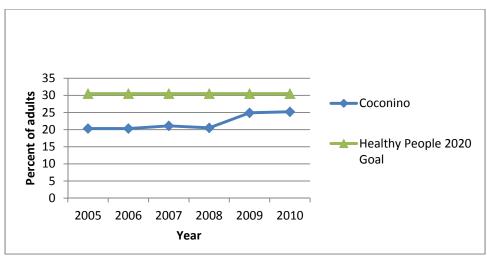


Figure 31: Percent of Obese Adults

ENVIRONMENTAL FACTORS

Air Pollution

Not surprisingly, Coconino County receives very favorable ratings with respect to clean air (Figure 32).

Indicator	Coconino County	Arizona	National Benchmark
Annual number of unhealthy air quality days due to fine particulate matter	0		0
Annual number of unhealthy air quality days due to ozone	1	29	0

Figure 32: Air Quality Indicators - 2012

Facilities that Support Physical Activity and Nutrition

Despite the abundance of outdoor recreational opportunities, the county is less equipped with indoor facilities that support physical fitness. Moreover, limited access to healthy foods, coupled with easy access to fast food, make it more difficult to adhere to well-rounded and optimally healthy diets. Coconino County stands to improve on both of these indicators. (Figure 33)

Indicator	Coconino County	Arizona	National Benchmark
Number of recreational facilities per 100,000 population in a given county.	8	7	16
Percent of population who are low-income and do not live close to a grocery store	22%	9%	0%
Proportion of restaurants in a county that are fast food establishments.	41%	52%	25%

Figure 33: Select Physical Environment Indicators - 2012

Crime

Violent crimes include murder, rape, robbery, and aggravated assault. Although the violent crime rate in Coconino County is lower than that of Arizona, it is still much higher than the national benchmark (Figure 34). A more in-depth look at the county's 2011 crime statistics reveals that relatively more rapes are reported in the county than in the state (Figures 35 and 36). The majority of arrests in Coconino County in 2011 were for lesser offenses, and many of them were, or were likely to be, related to alcohol (Figure 37). (It is important to note that tribal agencies do not report to the statewide data repository for crime, which served as the resource for the index crime and arrest data).

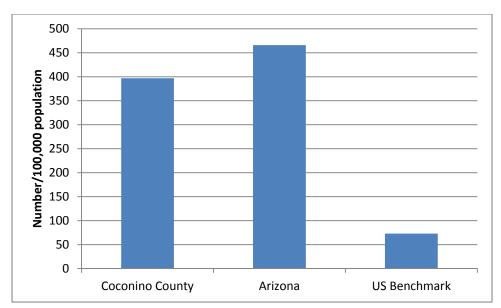


Figure 34: Violent Crime Rates - 2011

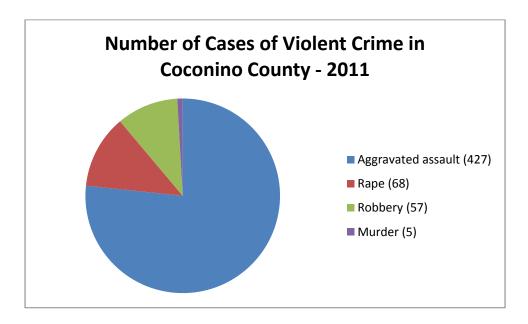


Figure 35: Number of Cases of Violent Crime in Coconino County - 2011

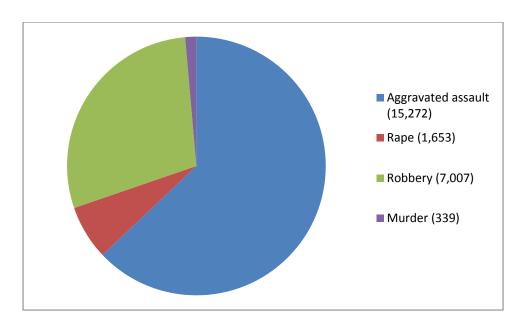


Figure 36: Number of Cases of Violent Crime in Arizona - 2011

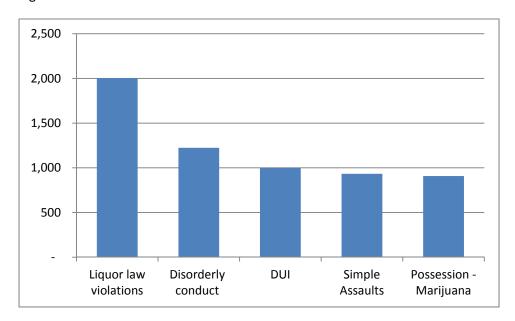


Figure 37 – Number of Arrests for Less Serious Offenses in Coconino County - 2011

COMMUNITY CONCERNS

Community input was sought through three mechanisms: an online survey, available through the CCPHSD website; randomly mailed surveys; and eight focus groups conducted throughout Coconino County in the following locations: Tuba City, Kaibeto (2 groups), Page, Fredonia, Happy Jack, Williams, and Grand Canyon Village. All respondents were asked about the health problems and assets of their community.

Respondents listed a number of different assets that included local health care facilities, activity groups like churches and afterschool programs, and local recreation centers. Combining both survey and focus group mentions, the most pressing problems identified throughout the county (Figure 38) were as follows:

- Poor access to services. Specific concerns under this category included a lack of providers
 overall, including a lack of specialists; long distances to providers (with many also citing
 transportation difficulties); long waits for available appointments; a lack of affordable health
 care; and a lack of indoor exercise facilities.
- Obesity and chronic diseases. Adult and childhood obesity alike are captured in this category, in addition to diabetes and cardiovascular problems such as heart disease and high blood pressure.
- **Issues related to poverty**. Poverty, unemployment, and lack of health insurance were the most frequently cited issues in this category.
- Poor nutrition/limited access to healthy food. A number of respondents had concerns related to nutrition that were attributed to the high-fat nature of some traditional diets, limited food selection, and long distances to stores with healthy food options.
- **Substance abuse (including alcoholism).** Both substance abuse in general and alcohol abuse, in particular, were noted as concerns throughout the county.
- Crime and safety. Concern about crime and personal safety were expressed by a small group of respondents.

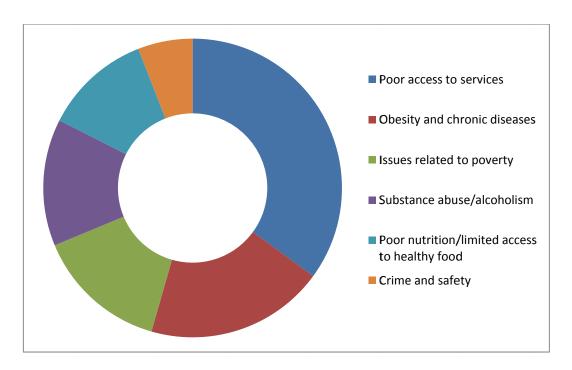


Figure 38 – Health-related Concerns of survey takers and focus group participants in Coconino County – 2011-12

Individual communities shared some county-wide concerns, and also had some other specific health-related issues that emerged from the data collection efforts, as described below:

Page



Page is a community of 7247 people (2010) in northern Arizona located near Lake Powell. The Navajo Generating Station (coal power plant), the Glenn Canyon Dam, and tourism are three main economic draws to the area. Being situated close to the Navajo Reservation and southern Utah, Page is utilized by surrounding communities for food shopping and services. Additionally, many retirees have relocated to Page for its natural beauty and dry, warm climate. The focus group in Page felt that their community's health was challenged by high teen pregnancy rates, substance abuse, obesity and diabetes, and the overarching struggling economy. They wanted to see many of the social support programs that had lost funding reopened and more church and senior involvement in helping youth make correct life choices.

Fredonia



Located on the Arizona-Utah border, Fredonia is one of a few cities in the Arizona Strip, an area historically populated by Mormon settlers. Many of Fredonia's 1,314 citizens (2010) visit Kanab, Utah for goods and services. Tourism, services, and the Forest Service are major local employers. During the focus group, citizens cited lack of access to health care as their major concern. Fredonians felt most community members were living below the poverty line, the unemployment rates were very high, and that health insurance and health care was either too expensive or not

available. They also cited the economic downturn as making it harder for families to eat healthy. The focus group composed a wish list, independent of the facilitators' questions, which included teaching self-reliance (a value specifically encouraged by the Church of Latter Day Saints), senior citizen involvement in schools, a free or sliding scale clinic, and health education through the Church of Latter Day Saints.

Williams



Located on Interstate 40, Williams is one of the main routes to the Grand Canyon. Tourism involved with the Grand Canyon Railway is a major source of income for the community, who tend to use Flagstaff as a supply of goods and services. There are many retirees in Williams, as the climate is dry and pleasant in the summer. Total population in 2010 was 3,023 people with a median age of 39 years. Focus groups cited diabetes and obesity, substance abuse, cancer rates, and poor nutrition as health challenges. The abundance of community groups was listed as a

community asset and participants also saw job creation as a path to healthier communities.

Tuba City



A city on the Navajo Nation of 8,611 residents (2010), Tuba City is en route to several tourist destinations and serves as a commercial hub for smaller, nearby Navajo communities. The focus group felt that chronic diseases were the biggest challenges, namely cancer, obesity, diabetes and heart problems. Secondary to poor nutrition, a lack of physical activity was sited. Safety was a primary barrier to health, as dog packs, coyotes, gang activity, crime and alcohol abuse rates made outdoor activity risky. The

traditional diet was named as both an asset and a drawback; it is high in fat, which in the past would have been necessary for survival when the Navajo people were herders. Current sedentary lifestyles have changed dietary needs. There are free clinics in Tuba City as well as exercise classes and a community garden. The focus group wanted to see a park put in at the old Dotson Reservoir, animal

control from the local government, healthy food sold at local stores, and the Community Center refunded and reopened.

Blue Ridge/ Happy Jack



A rural population center on the southern border of Coconino County, this area is well known for its dispersed retirement communities and outdoor living. Tourism is the main form of income for working residents. As the population is predominantly older, health concerns of the focus group centered on access to emergency health services and diseases such as dementia, Alzheimer's, social isolation and lack of independence. Residents wanted to see larger community health staff, a new clinic, and shorter wait times for ambulance services. Participants also

wanted to encourage local families to use a nearby lake and reservoir, which is currently being used predominantly by tourists.

Tusayan/Grand Canyon Village



The 2,004 residents of Grand Canyon Village (2010) live and work at the South Rim of the Grand Canyon and are almost entirely employees of the National Park Service or Xanterra, a hotel and hospitalities corporation. Tusayan, population 558, is located a few miles south of Grand Canyon Village and is also highly dependent on tourism. Restaurants, gas stations, and hotels are major employers. There is one grocery store in Grand Canyon Village/Tusayan and the focus group complained the prices were too high to be affordable. Most residents use Flagstaff as their

goods and services outpost. Participants cited distance to healthy food as a main health concern. They also noted that there were two different populations in the community- those who lived there year round and seasonal workers. Seasonal workers were perceived as being young and fit while many permanent residents were seen as sedentary and as practicing poor nutrition. The transiency and remote location were noted as major challenges to community health.

Kaibeto



Kaibeto is a Navajo Nation Community of 1,522 people (2010) located approximately 32 miles east of Page in the Northeastern corner of Coconino County with a population of approximately 2000. Its major employers are governmental agencies such as the Kaibeto Boarding School (K-8th grade) and the six tribal programs: the Navajo Nation Chapter, Head Start, Aging Program, the Behavioral Health, Social Services and the Community Health Representatives. Kaibeto Market is the only commercial entity

that includes a gas station. Obesity and related concerns (high blood pressure, diabetes, sedentary

lifestyles and lack of access to healthy foods) were themes that emerged during the focus group. Additionally, there was a concern regarding the lack of Navajo cultural influence on the younger generation, and a strong belief that strengthening this influence would have a positive impact on healthy behaviors. Concerns regarding appropriate parenting and parenting skills also were expressed. Poverty, an aging population, and lack of easier access to health care all were noted as challenges to a healthier community.

PUTTING IT ALL TOGETHER



Coconino County has a number of strengths: a highly educated population; average income and employment that are equivalent to or slightly exceed national statistics; a host of community assets that promote health and well-being; overall maternal and infant health indicators that exceed national targets; overall lower mortality and cancer rates than the national averages; decreasing trends of several communicable diseases;

and overall good air quality.

Both objective data and community perceptions illustrate a group of related concerns regarding the population's health:

- Poor access to health services. Although a number of health-related services are available in Flagstaff, the same is not true in outlying areas. Increased access in the more rural parts of the county could improve health outcomes, both for preventive care and acute care. Moreover, economic barriers to needed services must also be addressed.
- Unintentional injury. This is a leading cause of death for all age groups in the county. The county's rates of deaths due to unintentional injury and those that are alcohol-induced are significantly higher than those of the nation, as are the rates of violent crime and alcohol abuse. The county also leads the nation in deaths due to both firearm injury and liver disease. Moreover, Native Americans are more likely to die from unintentional injury, diabetes or liver disease (all of which may be related to alcohol consumption) than others in Coconino County.
- **Obesity**. Obesity is a risk factor for half of the County's top ten leading causes of death -- cardiovascular disease, cancer, stroke, pneumonia/flu and diabetes. "Food deserts", as defined by population centers more than 10 miles from a grocery store, are present in the northern areas of the county. Lack of access to healthy foods and indoor fitness facilities, particularly in areas outside of Flagstaff, likely contribute to the obesity problem, as do poor individual nutritional choices.

Poverty is a contributing factor to many of these issues, despite the county's overall relatively favorable ratings with respect to median and per capita income and average employment rates. Community members outside of Flagstaff felt overwhelmingly that a poor economy especially affected their access to care in a variety of ways. Although CCPHSD is not in a position to directly address poverty, the findings of this report could galvanize community action to alleviate the poverty-related issues that impact the county's health.

NEXT STEPS

CCPHSD will engage in a series of meetings with the community groups that contributed their perceptions to this assessment, both to verify that it accurately reflects each community and to develop plans to address the priority issues. This process, called a Community Health Improvement Plan, will engage local leaders, solicit their feedback on stated health concerns and ask local stakeholders how they can contribute to the health of the community. Moreover, this Community Health Assessment report is posted on the health district website with a link to encourage all county residents to comment both on the identified problems and on suggested solutions.

Appendix

Citations

Figure Number and Title	Data Source(s)
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Figure 2: Population in Coconino County by Race – 2010	<u>www.census.gov</u> – accessed August 27,
	2012
Figure 3: Language Spoken at Home in Coconino County - 2010	<u>www.census.gov</u> – accessed August 27,
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Figure 4: Educational Attainment of Adults in Coconino County –	<u>www.census.gov</u> – accessed August 27,
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Figure 5: School Drop-Out Rates in Coconino County, Grades 7-12	<u>www.azed.gov</u> – accessed August 27, 2012
Figure 6: Median and Per Capita Income – 2009	<u>www.census.gov</u> – accessed August 27,
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Figure 7: Average Annual Unemployment Rates	www.bls.gov/lau - accessed September 24,
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Figure 8: Population to Primary Care Physician Ratios - 2011	www.countyhealthrankings.org – accessed
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Figure 9: Percent of Adults with Health Insurance	<u>www.census.gov</u> – accessed August 27,
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Figure 10: Percent of Children with Health Insurance	<u>www.census.gov</u> – accessed August 27,
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Figure 11: Age-Adjusted Mortality Rates for the Top Ten Leading	<u>www.azdhs.gov</u> – accessed September 24,
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Figure 13: Age Adjusted Mortality Rates for Selected Causes of	<u>www.azdhs.gov</u> – accessed September 24,
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Figure 38 – Health-related Concerns of Residents in Coconino	Unpublished data from community surveys
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